



In re Application of:

Albert Chin et al.

Serial No.: 09/898,710 Examiner: C. Marmor, II

Filed:

July 3, 2001

Group Art Unit: 3736

For:

MEDICAL DEVICE WITH EXTRUDED MEMBER HAVING HELICAL

ORIENTATION

Docket No.:

1001.1468101

Box Non-Fee Response **Assistant Commissioner for Patents** Washington, D.C. 20231

RECEIVED

OCT 1 1 2002

TECHNOLOGY CENTER R3700

RESPONSE TO RESTRICTION REQUIREMENT

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certifies that this paper or papers, as described herein, are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EL811913323US, in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C., 2023 I on this 8th day of October, 2002.

Kathleen L. Boekley

Dear Sir:

In response to the Office Action dated September 13, 2002, please consider the following response:

Applicants have carefully reviewed the Office Action dated September 13, 2002. The Office Action stated that two distinct species had been identified. Election of species was Applicants elect species I, drawn to a method of polymer extrusion and requested. corresponding to claims 1-15, without traverse.

Examination of the above-identified claims is respectfully requested. If a telephone conference is believed necessary to resolve any issues with respect to the pending application, the Examiner is respectfully requested to contact the undersigned attorney at 612-677-9050.

Respectfully submitted,

Albert Chin et al.

By their attorneys,

Dated: 10/6/12

David M. Crompton, Reg. No. 36, 77

CROMPTON, SEAGER & TUFTE LLC

331 Second Avenue South, Suite 895 Minneapolis, Minnesota 55401-2246

Telephone:

(612) 677-9050

Facsimile:

(612) 359-9349





IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

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Sir:

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By Kathley L Bockley

Kathleen L. Bockley

We are transmitting herewith the attached:

I		1	4mend:	ment
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[] No additional fee required

The fee has been calculated as shown:

CLAIMS AS AMENDED								
	(3)	(4)	(5)	SMALL	SMALL ENTITY		OTHER	
	REMAINING CLAIMS	HIGHEST PAID	EXTRA	RATE	ADD'L FEE	RATE	ADD'L FEE	
TOTAL CLAIMS	-	=		X9=	\$	X18=	\$	
INDEPEN- DENT CLAIMS	-	=		X40=	\$	X80=	\$	
() FIRST MULTIPLE DEPENDENT CLAIM				+135=	\$	+270=	\$	
TOTAL				\$		\$	·	

[]	A check in the amount of \$ is enclosed. Itemization: Fee Code \$ Fee Code \$		
[]	Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by verified statement previously submitted.		
[XX]	Other: RESPONSE TO RESTRICTION REQUIREMENT.		
[XXXX]	Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413. By: David M. Crompton		
	Reg. No. 36,772		

David M. Crompton CROMPTON, SEAGER & TUFTE, LLC 331 Second Avenue South, Suite 895 Minneapolis, Minnesota 55401-2246 Telephone: (612) 677-9050 Facsimile: (612) 359-9349